PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10827039

CLAIMS AS FILED - PART						1			ENTITY		OTHE	R THAN
ا			(Colur	(Column 1)		(Column 2)		TYPE		OF		ENTITY
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	OF	BASIC FE	F 770.00
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		. 0			XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			3 minus 3 =		" 0			X43=		OR	X86=	<u> </u>
М	JLTIPLE DEPE	ENDENT CLAIM F	PRESENT	RESENT				+145=		OR		
* 1	f the differenc	e in column 1 is	less than	zero, enter	"0" in d)" in column 2		TOTAL	+	OR	L	770
	(CLAIMS AS	AMENDE	MENDED - PART II					<u> </u>		OTHER	
_		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION 05 11	Minus	***		=	Ī	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14										OR	+290=	
L								TOTAL		ا ۱۵۰	TOTAL	,
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE	<u> </u>	. ,	ADDIT. FEE	<u> </u>
8		CLAIMS REMAINING		HIGHE	ST		Γ		ADDI-	ז ר		ADDI-
MENDMENT		AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JETIPLE DE	PENDENT	JLAIM			+145=		OR	+290=	
TOTAL									•	OR .	TOTAL	-
		(Column 1)		(Column	n:2) ((Column 3)	AL.	DIT FEE	· · · · ·		DDIT. FEE L	·
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	, , , ,		X\$18=	755
	Independent	*	Minus	***	l	=	\vdash	X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	1		OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***OF TOTAL ADDIT. FEE ***OF												
T	ne "Highest Num	ber Previously Paid	For* (Total or	Independent) is the h	ighest number f	ound	in the appr	opriate box	in colu	าก 1.	